



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
INTER-COUNTY TRANSFER

FROM	COUNTY
TO	COUNTY

CATEGORY	CASE NO.	NEW CASE NO.	APPLI- CATION	ACTIVE	CLOSED	If Supplemental Payment is received amount of last SP grant:
AB						\$
AFDC						\$
AFDC-FC						If SSI Payment is received, amount of SSI payment:
BP						\$
PURCHASE/DIRECT SERVICE CASE(S)						\$
FOOD STAMPS						\$
GR						
MA						
MC						
SSI ONLY						
SSI-SP						
SP ONLY						
TITLE XIX- VENDOR ONLY						
POB						
OTHER						

1. CASE NAME (LAST, FIRST, MIDDLE)
2. CASE NAME (LAST, FIRST, MIDDLE)
NEW ADDRESS (STREET OR RURAL ROUTE, TOWN, STATE, ZIP)
OLD ADDRESS (STREET OR RURAL ROUTE, TOWN, STATE, ZIP)

Attached is our record of the above claimant, which we are transferring to you in accordance with your authorization.

SIGNED	TITLE	DATE
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RECEIVED BY (SIGNATURE)	TITLE	DATE
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